



Broome County Health Department

Jason T. Garnar, County Executive · Rebecca A. Kaufman, MS, Director of Public Health

To Parents and/ or Guardians:

You are receiving this document because your child has been experiencing symptoms of COVID 19, but has not received an alternative diagnosis for their symptoms, or a negative COVID-19 test. This document is an affirmation to the school district in which your child attends that your child has completed all of the following criteria:

- Has been isolating for at least 10 days
- All symptoms similar to those of COVID-19 have resolved
- Has not had a fever in the past 3 days, without the use of fever reducing medication •

Generally feeling better

Please fill out, sign, and return to the school:

I, _____, parent or guardian of _____, do affirm that my student meets the criteria set forth by the Broome County Health Department, as listed above.

Parent/ Guardian Print:

Parent/ Guardian Sign:

Date:

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